



Pd \$10.00
TMM Ck#3521
8/24/98

For Ecology Use

Fee Paid _____

Date _____

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name CLARENCE L ROGERS Home Tel: (509) 548-4705
Mailing Address 9041 Highway 2 Work Tel: () -
City CASIMERE, WA State WA Zip +4 98815 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -
Mailing Address _____ Work Tel: () -
City _____ State _____ Zip +4 _____ + FAX: () -
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 2 TWD (1.02 CFS) (☒ gallons per minute or
☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the
purpose(s) of HOUSE HOLD + IRRIGATION. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient. 9041 Highway 2 CASIMERE, WA. 98815 S. 27 T. 24 N. R. 18 E CHLW Lot 6
Estimate a maximum annual quantity to be used in acre-feet per year: .63 ACRE ~~OR 2000 GPD~~ 2991 A MIN. YEAR ROUND

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:
From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>UNNAMED SPRING</u>						A permit is desired for _____ well(s).		
Number of diversions: <u>ONE</u>						Size & depth of well(s):		
Source flows into (name of body of water): <u>NONE</u>								
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>I will own a northerly flow contain the spring in my holding tank of 500gal apx 12' on my property the map included show's all lines 1200' S + 1200' E from the NW corner sec 27.</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
N.W	N.W	27	24 N	18 E	CHelan	6		
For Ecology Use Date Received: <u>AUGUST 24, 1998</u> Priority Date: <u>AUGUST 24, 1998</u>								
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: <u>45</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: UNNAMED
- B. Briefly describe your proposed water system. (See instructions.)
THE SPRING LAYS APX. 20' FROM MY PROPERTY LINE. I WANT TO PIPE THE WATER TO MY PROPERTY AND INTO A HOLDING TANK TO SUPPLY MY EXISTING HOUSE AND IRRIGATION. I ALREADY HAVE BUT NEED LEGAL RIGHTS TO THE SPRING.
2. C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☒ NO
PROVIDE DOCUMENTATION. YES CHELANCO HAS GIVEN MY WRITTEN PERMISSION
THE SPRING IS ON THEIR LAND

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection Home
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. I HAVE BEEN CONNECTED FOR SEVERAL YRS, I HAVE BEEN APPROVED FOR 6 YRS WITH THE COUNTY.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: .63
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: .63
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

MY HOLDING TANK IS SOO GAL.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

THE TOWN OF DRYDEN, WASHINGTON HAS A DUMP CALLED
DRYPEN TRANSFER STA. ON HIGHWAY 2, I LIVE APX. 300'
NORTH OF THE TRANSFER STA, ON HIGHWAY 2 FRONTAGE
9041 HIGHWAY 2
CASHMORE, WA. 98815

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

WELL ACTUALLY I GUESS NO I OWE APX. 700.00
ROY CARRIKER (TITLE OWNER)
PO BOX 2070
PASCO, WASH.
99302

B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

THE LAND IS OWNED BY CHELAN CO, I HAVE
THEIR WRITTEN PERMISSION TO USE THE SPRING. ~~99302~~
A COPY INCLOSED

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Clarence L Rogers
Applicant (or authorized representative)

8-19-98
Date

Same
Landowner for place of use (if same as applicant, write "same")

8-19-98
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

I HAVE BEEN USING THIS SPRING FOR 6 YRS NO ONE ELSE HAS USED IT. CHELAN CO, GAVE ME PERMISSION. THE COUNTY 3 YRS AGO ACCEPTED MY PROPOSED PUMP HOUSE FROM THIS SPRING WHICH SUPPLY'S MY HOME, AND IRRIGATION NEEDS FOR MY 163 ACRE PROPERTY. I UNDERSTAND THAT WILLIAM TAYLOR GAVE UP HIS RIGHTS TO THIS SPRING I AM TRYING TO GET THOSE RIGHTS. I HAVE A 500 GALLON HOLDING TANK WHICH THIS SPRING FLOWS INTO AND IS PUMPED TO MY HOME 100 AWAY. MY SEPTIC POWER AND STORAGE TANK FOR WATER HAS ALL BEEN APPROVED BY CODE FROM CHELAN CO. I AM WANTING TO SELL MY PROPERTY BUT NEED LEGAL RIGHTS TO THIS SPRING IN ORDER FOR BANKS TO LOAN MONEY. I WOULD APPRECIATE A RESPONSE AS FAST AS POSSIBLE, SO I CAN SELL. I KNOW YOUR VERY BUSY.

THANK YOU
EL ROGER

THIS IS A SINGLE HOUSE HBD I ONLY USE APPROXIMATELY 1000 GALS A DAY OR LESS,

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).